



FEEDING PREFERENCE CHECKLIST



Allergies to food: NKA (no know allergies) SPECIFY: _____

Describe your child's eating habits: _____

Preferred meats
•
•
•
•
Preferred vegetables
•
•
•
•
Comments


Preferred snacks
•
•
•
•
Preferred drink
•
•
•
•
Comments


Eating patterns	
Finger feed	<input type="checkbox"/> YES <input type="checkbox"/> NO
Brings spoon to mouth	<input type="checkbox"/> YES <input type="checkbox"/> NO
Scoops	<input type="checkbox"/> YES <input type="checkbox"/> NO
Uses fork	<input type="checkbox"/> YES <input type="checkbox"/> NO
Stabs food	<input type="checkbox"/> YES <input type="checkbox"/> NO
Drinking patterns	
Bottle	<input type="checkbox"/> YES <input type="checkbox"/> NO
Sipper cup	<input type="checkbox"/> YES <input type="checkbox"/> NO
Straw	<input type="checkbox"/> YES <input type="checkbox"/> NO
Open face cup	<input type="checkbox"/> YES <input type="checkbox"/> NO
Thin liquids	<input type="checkbox"/> YES <input type="checkbox"/> NO
Thick liquids	<input type="checkbox"/> YES <input type="checkbox"/> NO


FAMILY PATTERNS: Dinner time? _____ Length of time allowed? _____ minutes
 Sit down at table for dinner YES NO Variety of food served YES NO
 Regular mealtimes YES NO Family expectation of child during meals:
 Cook separate foods for picky eater YES NO _____
 Prefer fast/take-out food over cooking YES NO Consequence: _____

SENSORY PROCESSING PATTERNS:

CHART: S= seeking patterns N= neutral response A= Avoiding patterns

ORAL PROCESSING	S	N	A
			
Trying new foods			
Texture - Crunchy foods			
Texture -Creamy or smooth foods			
Texture-chewy food			
Cold food/drinks			
Hot/food drinks			
Strong flavored foods (salty, spicy, sweet, sour)			
Licks inedible objects/people			
Mouths tools/toys/hands			
Chews on shirt, toys			
Gag pattern			
Drools			
Brushing teeth			

SMELL PROCESSING	S	N	A
			
Smells unfamiliar things			
Smells food before tasting			
Smells inedible objects			
Strong odors (paint, marker, cleaner)			
Smells peoples			
Nose wiped			
Smells cause gag			

TOUCH PROCESSING	S	N	A
			
Washing hands			
Paint/glue/food on hands			
Exploration of dirt, sand,, rice, etc			
Being touched on body			
Having faced wiped/washed			
Hair brushed			

